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PTO/SB/22 (01-08)
Approved for use through 05/31/2008. OMB 0651-0031
J.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| U.S. the Paperwork Reduction Act of 1995, no persons are required to respond to  | Patent and Trademark Office; U.S. DEPARTMENT OF Control of information unless if displays a valid OMB control of information unless if displays a valid of information unless if displays a valid of information unless if displays a valid of information unless if dis |           |  |  |  |  |
|--|--|-----------|--|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.  FY 2008  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.   | 136(a) Docket Number (Optional) ENB-008RCE   |           |  |  |  |  |
| Application Number 10/627,327-Conf. #2282  | Filed July 25, 2003  |           |  |  |  |  |
| For A USER INTERFACE FOR EDITING OBJECTS OF A NETWORK OBJECT DATABASE  |  |           |  |  |  |  |
| Art Unit 2194  | Examiner A. K. Seye  |           |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to exter application.  | nd the period for filing a reply in the above ident  | ified     |  |  |  |  |
| The requested extension and fee are as follows (check time period  | d desired and enter the appropriate fee below):  |           |  |  |  |  |
| One month (37 CFR 1.17(a)(1)) \$12   | Small Entity Fee  \$60 \$  | !         |  |  |  |  |
| Two months (37 CFR 1.17(a)(2)) \$46  |  |           |  |  |  |  |
| X Three months (37 CFR 1.17(a)(3)) \$105   | · · · · · · · · · · · · · · · · · · ·  | 50.00     |  |  |  |  |
| Four months (37 CFR 1.17(a)(4)) \$164  | <del> </del>   |           |  |  |  |  |
| Five months (37 CFR 1.17(a)(5)) \$223  | · · · · · · · · · · · · · · · · · · ·  |           |  |  |  |  |
| Five months (37 CFX 1.17 (a)(3)) \$223   | Ψ1113 Ψ  |           |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.   |  |           |  |  |  |  |
| A check in the amount of the fee is enclosed.  |  |           |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.   |  |           |  |  |  |  |
| X The Director has already been authorized to charge fee   | es in this application to a Deposit Account.   |           |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |  |           |  |  |  |  |
| l am the applicant/inventor.   |  |           |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |           |  |  |  |  |
| x attorney or agent of record. Registration  | Number 46,590  |           |  |  |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CF  | R 1.34   |           |  |  |  |  |
| 1) and RTS mas   | May 27, 2008   |           |  |  |  |  |
| Signature  | Date   |           |  |  |  |  |
| David R. Burns   | (617) 994-0890   |           |  |  |  |  |
| Typed or printed name  | Telephone Number   |           |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest than one signature is required, see below.   | t or their representative(s) are required. Submit multiple form  | s if more |  |  |  |  |
|  | 10627327   |           |  |  |  |  |
| Total of forms are submitted.  | <u> </u>   |           |  |  |  |  |
|  | 08002  |           |  |  |  |  |
|  | 55 <b>4</b>  |           |  |  |  |  |
|  | 0000065 120080<br>50.00 DA   |           |  |  |  |  |
| Express Mail Label No. EM 067549960 US Dated: May 27, 2008   | THIB   |           |  |  |  |  |

PTO/SB/17 (10-07) MAX 2 7 2008 Approved for use through 06/30/2010. OMB 0651-0032 Effective on 12/08/2004.

Effective on 12/08/2004.

CONSOLIDATE TRANSMITTAL U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under He Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known 10/627,327-Conf. #2282 **Application Number** July 25, 2003 Filing Date James P. RICHMOND First Named Inventor For FY 2008 **Examiner Name** A. K. Seye Applicant claims small entity status. See 37 CFR 1.27 2194 Art Unit **ENB-008RCE TOTAL AMOUNT OF PAYMENT** 1,050.00 (\$) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order Check None Other (please identify): 12-0080 x Deposit Account Deposit Account Number: Lahive & Cockfield, LLP Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of |Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 210 105 0 0 Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) **Extra Claims** Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) \_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round **up** to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00

| SUBMITTED BY      |                |                                   |        |           |                |
|-------------------|----------------|-----------------------------------|--------|-----------|----------------|
| Signature         | David RBus     | Registration No. (Attorney/Agent) | 46,590 | Telephone | (617) 994-0890 |
| Name (Print/Type) | David R. Burns |                                   | *      | Date      | May 27, 2008   |

Approved for use through 06/30/2010. OMB 0651-0032
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Upter the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| Effective on 12/08/2004.  pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   | Effective on 12/08/2004.                                    |                           | plete if Known                        |  |  |  |  |
|--|---|---------------------------|---------------------------------------|--|--|--|--|
|  | 11.05.00  |                           | 27-Conf. #2282                        |  |  |  |  |
| FEE TRANSMITTAL  | Filing Date July 25, 2003                                   |                           | IMONID                                |  |  |  |  |
| For FY 2008  | First Named Inventor James P. RIC Examiner Name A. K. Seve  |                           | HIVIOND                               |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  | Art Unit  | 2194                      | A. K. Seye                            |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,050.00  | Attorney Docket No.   | ENB-008RCE                |                                       |  |  |  |  |
| (v) Tipe ever   villation   vi |   |                           |                                       |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   | r   | · · · · · · · ·           |                                       |  |  |  |  |
| Check Credit Card Money Order Nor  | Check Credit Card Money Order None Other (please identify): |                           |                                       |  |  |  |  |
| X Deposit Account Deposit Account Number: 12-0080  | Deposit Account Na  | ame: Lahive &             | Cockfield, LLP                        |  |  |  |  |
| For the above-identified deposit account, the Director is  | hereby authorized to: (cl                                   | neck all that apply)      |                                       |  |  |  |  |
| x Charge fee(s) indicated below  | Charge fee(s)   | indicated below, ex       | cept for the filing fee               |  |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   | f x Credit any ove  | rpayments                 |                                       |  |  |  |  |
| FEE CALCULATION  |   |                           |                                       |  |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |   |                           |                                       |  |  |  |  |
| FILING FEES SE. Small Entity   | ARCH FEES EXAN<br>Small Entity                              | INATION FEES Small Entity |                                       |  |  |  |  |
| Application Type Fee (\$) Fee (\$) Fee (\$   |   |                           | Fees Paid (\$)                        |  |  |  |  |
| Utility 310 155 510  | 255 210   | 105                       |                                       |  |  |  |  |
| Design 210 105 100   | 50 130  | 65                        |                                       |  |  |  |  |
| Plant 210 105 310  | 155 160   | 80                        |                                       |  |  |  |  |
| Reissue 310 155 510  | 255 620   | 310                       | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Provisional 210 105 0  | 0 0   | 0                         |                                       |  |  |  |  |
| 2. EXCESS CLAIM FEES   |   |                           | Small Entity                          |  |  |  |  |
| Fee Description  Each plain over 20 (including Paissues)   |   |                           | Fee (\$) Fee (\$)                     |  |  |  |  |
| Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105   |   |                           |                                       |  |  |  |  |
| Multiple dependent claims  |   | •                         | 370 185                               |  |  |  |  |
| •  | Paid (\$)   | Multiple Depende          | nt Claims                             |  |  |  |  |
| -= X ==  |   | Fee (\$) <u>F</u>         | ee Paid (\$)                          |  |  |  |  |
| HP = highest number of total claims paid for, if greater than 20.  |   |                           |                                       |  |  |  |  |
|  | Paid (\$)   |                           |                                       |  |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.   |   |                           |                                       |  |  |  |  |
| 3. APPLICATION SIZE FEE  |   |                           |                                       |  |  |  |  |
| If the specification and drawings exceed 100 sheets of paper   | •   | <u>-</u>                  | -                                     |  |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |   |                           |                                       |  |  |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |   |                           |                                       |  |  |  |  |
| - 100 = /50 = (round up to a whole number) x =   |   |                           |                                       |  |  |  |  |
| 4. OTHER FEE(S) Fees Paid (\$)   |   |                           |                                       |  |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |   |                           |                                       |  |  |  |  |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00   |   |                           |                                       |  |  |  |  |
| SUBMITTED BY   | Ta  |                           |                                       |  |  |  |  |
| Signature Din RIS  | Registration No. (Attorney/Agent) 46,59                     | 90 Telephone              | (617) 994-0890                        |  |  |  |  |
| Name (Print/Type) David R. Burns   |   | Date                      | May 27, 2008                          |  |  |  |  |